

REQUISITION

STATE PROCUREMENT BUREAU

General Services Division
Montana Department of Administration
P.O. Box 200135
Helena, MT 59620-0135
Phone: (406) 444-2575
Fax: (406) 444-2529
TTY Users-Dial 711

INSTRUCTIONS: Complete form and send through Outlook to: State Procurement Bureau. Use keyword "Requisition" as subject.

BILL TO:

Name:
Agency:
Address:
City, State ZIP:

SHIP TO:

Name:
Agency:
Address:
City, State ZIP:

Date:
Agency Requisition Number:
Agency Name:
Agency Contact Person:
Phone :
Fax:
E-mail:

Requisition Prepared By:

1. Short project title:
2. For which fiscal year:
3. Are federal funds involved: __ Yes __ No
4. Suggested vendors list attached? __ Yes __ No
5. Are additional specifications attached? __ Yes __ No
6. RFP__ IFB__ Sole Source (justification attached) __
7. Issue a PeopleSoft Purchase Order __ Yes __ No
(If yes, chartfield information must be provided to SPB before project completion.)

QTY	UNIT	DESCRIPTION	ESTIMATED UNIT PRICE	TOTAL
(Attach more pages if needed)			ESTIMATED TOTAL	

I certify that the items specified in this requisition are absolutely necessary; that they are to be used for the benefit of the State of Montana; that there is proper authority of law and sufficient funds for this purchase; and that this purchase will not result in any request for additional funds from the Legislature.

Authorized by

Date

COMMENTS: